



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

John R. Kasich/Governor

614/466-3543
www.odh.ohio.gov

Richard Hodges/Director of Health

October 28, 2016

Ms. Candice Kellar
1131 Central Ave, Suite 100
Middletown, OH 45044

RE: Inquiry regarding Choose Life funds

Dear Ms. Kellar:

Your email dated October 4, 2016 was forwarded to me for response. In your email, you request ODH conduct an investigation into Elizabeth New Life Center because you allege they do not have a main office in Warren County but rather the Lebanon office is a subsidiary office and not the main office for the organization. Neither R.C. 3701.65 nor OAC 3701-74-01 require an organization to have a headquarters in a county to receive the funds. An organization must show that it has a *location* in the county and that *location* applies for the funds for that particular county.

I've reviewed your application and the application for the Women's Center in Lebanon with staff and legal counsel, and I am confident the funds were distributed consistently with the language in R.C. 3701.65. The Community Pregnancy Center submitted an application indicating it is located in Butler County, and location served women from other counties including Warren County. Elizabeth's New Life Center submitted an application indicating its location for the Women's Center is in Warren County (777 Columbus Ave, Suite 14A Lebanon Ohio). R.C. 3701.65(B)(2) sets forth the distribution hierarchy. It provides as follows:

The director shall allocate the funds to each county in proportion to the number of "choose life" license plates issued during the preceding year to vehicles registered in each county. The director shall distribute funds allocated for a county as follows:

- (a) To one or more eligible organizations located within the county;
- (b) If no eligible organization located with the county applies for funding, to one or more eligible organizations located in contiguous counties;
- (c) If no eligible organization within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county.

Because the Women's Center was the only eligible organization to submit an application indicating it was *located* in Warren County, it received all of the allocated funds for Warren County. Had the Community Pregnancy Center submitted an application for a location in Warren County, then pursuant to R.C. 3701.65(B)(3) the funds would have been equally distributed among the Warren County locations.

If you have questions regarding this matter please contact Dyane Gogan Turner at 614.644.6560 for
Dyane.Goganturner@odh.ohio.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Shancie Jenkins".

Shancie Jenkins, MBA
Chief, Office of Health Improvement and Wellness

✓
SKB

OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Community Pregnancy Center
Federal Tax ID Number	[REDACTED]
Street Address	1131 Central Ave., Ste. 100
City, State Zip code	Middletown, OH 45044
County of Location Providing Services <i>(One Application Per Location)</i>	Butler
Address where ODH should Direct Payment	3717 Roosevelt Blvd. Middletown OH 45044
Counties of Service <i>This location serves women from the following counties:</i>	Butler, Hamilton, Preble, Clermont, Clinton, Warren
Name of Person and Title completing application	Candice Sheller, Exec. Director
Area Code/Phone Number	(513) 424-2229
Email	csheller@pregnancychoice.net

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;

- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.

IV. For Current Choose Life Organizations: By June 1, 2016, you must submit the following with this Application:

- A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
 1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. **Notarized Financial Statement Form.** This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Supplier Information Form

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Authorization Agreement for Direct Deposit of EFT Payments form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/29/2016

Date



Signature of Person Completing Application
Candice R. Heller, Executive
[Print Name & Title] Director

Application to be submitted to:

Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor
Columbus, OH 43215
Attention: Marius Igwe

Phone: 614.486.4634
Email: Marius.Igwe@odh.ohio.gov

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 1

- Place a check mark to indicate the type of transaction.
- Enter the complete name and address of the company or individual participating in the EFT program. Enter your phone number & email address. When your email address is provided, you will receive an automated email notification stating your banking information has been added or updated in our system.
- Enter your Employer Identification Number or your Social Security Number (required).
- Please enter your OAKS Vendor Id Number (if known).
- Check all that applies. If you are an ODJFS or DODD provider please check mark to indicate & add Provider Id Number or please specify, if you are a RSC-PCA, Lottery Winner, or All Other.

SECTION 2 (New Information)

- Please enter the new name and phone number of the financial institution authorized to conduct transactions, as it should be updated in our system.
- Please place a check mark to indicate the type of account to which funds are to be deposited.
- Enter the Account Number to which the EFT Transactions are to be deposited.
- Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check or bank letter.

SECTION 3 (Old/Prior Information) Required If a CHANGE/UPDATE

- Please enter the name and phone number of the previous financial institution authorized to conduct your transaction. This should be the last EFT account information that was submitted to the state and is currently in our system.
- Enter the OLD/Prior Account Number to which the EFT Transactions were deposited.
- Enter the OLD/Prior financial institution's Transit Routing/ABA number in the spaces provided.

SECTION 4

- Please read all of the information listed in Section 4. Read & check mark the boxes to verify you have acknowledged the information. Then print your name, sign your name, and provide the date.
- Please attach a current voided check or bank letter (required).

NOTE: The bank letter must be on bank letterhead and signed by a bank representative. It must include the name on the account, type of account, routing number, & account number. Exceptions will be made for Prepaid Cards.

Community Pregnancy Center
1131 Central Ave., Suite 100
Middletown, OH 45044
(513) 424-2229

LONB NATIONAL BANK
MIDDLETOWN, OH 45044
50-570422

15099

PAY TO THE
ORDER OF

VOL / *\$*

DOLLARS

MEMO

Community Pregnancy Center

15099

Community Pregnancy Center

15099

Choose Life Fund Expenditure Form
SFY 16 July 1, 2015 through June 30, 2016
Due June 1, 2016

Agency Name [REDACTED]	Category Eligibility Center	Address 1211 2nd St.	City SACRAMENTO	Zip Code 95813 - 424 - 2229
Quarter	Total Expenditures 7/1/16 Thru 6/30/16	1st Quarter 7/1/16 Thru 9/30/15	2nd Quarter 10/1/15 thru 12/31/15	3rd Quarter 1/1/16 thru 3/31/16
Carryover SFY 14 Amount	\$ 3423.32			
Award Amount				
Material Needs of Program Women at 65%	\$ - 2054 -			
Clothing Costs	\$0.00			
Housing Costs	\$0.00			
Medical Care Costs	\$0.00			
Food Costs	2054 - \$0.00			
Utilities Costs	\$0.00			
Transportation Costs	\$0.00			
Other Costs (Explain)	\$0.00			
Total Material Costs	2054 - \$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ - 1369 -			
Direct Costs at 40%	\$ - 1369 -			
Counseling Costs				
Training Costs	1369 - \$0.00			
Advertising Costs	\$0.00			
Total Direct Costs	1369 - \$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ - 6			
Total Award Miles Materials and Direct Costs	\$ 6 (\$3423)			

Choose Life Fund Expenditure Form
SFY 16 July 1, 2015 through June 30, 2016
Due June 1, 2016

Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)	\$ -	\$ 0	-
Refund Due ODH (June 1, 2016)	\$ 0	-	



SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 - PLEASE SPECIFY TYPE OF ACTION

NEW (W-9 OR W-BECI FORM ATTACHED) CHANGE OF CONTACT PERSON/INFORMATON

ADDITIONAL ADDRESS

CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)

ADDRESS TO BE REPLACED:

1131 Central Ave., Ste. 100
Middletown OH 45044

CHANGE OF TIN (W-9 & A CHANGE OF TIN FORM)

CHANGE OF NAME (W-9 & A CHANGE OF NAME FORM)

CHANGE OF PAY TERMS

CHANGE OF PO DISPATCH METHOD

OTHER _____

SECTION 2 - PLEASE PROVIDE SUPPLIER INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-BECI FORM)

Community Pregnancy Center

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)¹:

[REDACTED]

SECTION 3 - REMIT TO ADDRESS (REQUIRED)

ADDRESS:

3717 Roosevelt Blvd.

COUNTY:

Butler

ADDRESS (CONT.):

CITY:

Middletown

STATE:

OH

ZIP CODE:

45044

CONTACT NAME:

Candise Helms

PHONE: 513

424-2229

FAX: (513)

424-2275

E-MAIL:

cshelms@pregnancychoice.net

SECTION 4 - ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS:

COUNTY:

ADDRESS (CONT.):

CITY:

STATE:

ZIP CODE:

SECTION 6 - CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW - (BUSINESSES ONLY)

NAME: *Candice Heller*

E-MAIL: *cheller@pregnanchoice.net*

TO ADD AN ADDITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT

ADDITIONAL STRATEGIC SOURCING CONTACT

REPLACE SS CONTACT (WILL BE MARKED INACTIVE)

NAME:

E-MAIL:

SECTION 6 - PAYMENT TERMS (PLEASE CHECK ONE - IF NONE IS SELECTED THEN NET 30 WILL APPLY)
Invoices will be paid in 30 days from invoice date unless an alternate pay-term is selected below.

2/10 NET 30

NET 30

SECTION 7 - PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING PO'S)

E-MAIL OR FAX: *email*

SECTION 8 - PLEASE SIGN & DATE / REQUIRED

PRINT NAME:

Candice Heller

SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)

Candice Heller

DATE: *5/29/2016*

SECTION 9 - STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/E-MAIL/PHONE:

Anta Johnson (anta.johnson@odh.ohio.gov)

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.
¹Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each supplier.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

Email: supplier@ohio.gov
Fax: 1 (814) 485-1052
Mail: Ohio Shared Services
Alt Supplier Operations
P.O. Box 182880 Columbus, OH 43218-2880

QUESTIONS? PLEASE CONTACT:

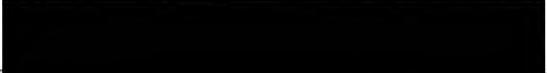
Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (814) 338-4781
Website: www.ohiosharedservices.ohio.gov
Email: supplier@ohio.gov



AGREEMENT, SIGN, & DATE - DIGITAL SIGNATURES ARE NOT ACCEPTED AT THIS TIME

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible.
Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1		
TYPE OF TRANSACTION: <input type="checkbox"/> ADD <input checked="" type="checkbox"/> CHANGE/UPDATE <input type="checkbox"/> INACTIVATE		
NAME OF COMPANY OR INDIVIDUAL <i>Community Pregnancy Center</i>		
ADDRESS <i>3717 Roosevelt Blvd.</i>		
CITY <i>Middletown</i>	STATE <i>OH</i>	ZIP <i>45044</i>
PHONE <i>(513) 424-2229</i>	EMAIL <i>sheller@pregnancychoice.net</i>	
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN) 		
CHECK ALL THAT APPLY		
<input type="checkbox"/> RSC - PCA <input type="checkbox"/> ODJFS PROVIDER (PROVIDER ID NUMBER REQUIRED) 		
<input type="checkbox"/> LOTTERY WINNER <input type="checkbox"/> DODD PROVIDER (PROVIDER ID NUMBER REQUIRED) 		
<input checked="" type="checkbox"/> ALL OTHER: _____		
SECTION 2 - NEW FINANCIAL INFORMATION		
NEW FINANCIAL INSTITUTION NAME		PHONE
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS
NEW ACCOUNT NUMBER 		
NEW TRANSIT ROUTING/ABA NUMBER 		
SECTION 3 - OLD/PRIOR FINANCIAL INFORMATION - MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT		
OLD/PRIOR FINANCIAL INSTITUTION NAME <i>LCNB</i>		PHONE <i>513-423-9911</i>
OLD/PRIOR ACCOUNT NUMBER 		
OLD TRANSIT ROUTING/ABA NUMBER 		

- Account changes must be reported to Ohio Shared Services thirty (30) days prior to the effective date.
- All EFT accounts are tied to an address in our system, a form is required for each address (if needed).

ATTENTION ODJFS PROVIDERS: It is the provider's responsibility to keep ODJFS AND Ohio Shared Services informed of any changes in order to receive important information regarding benefits and to remain qualified for payments. Information provided must match the information on file with Medicaid or your form will be returned. If you are uncertain, please contact Provider Enrollment at (800) 686-1516 or verify/ update the information in the MITS Medicaid Web Portal located at <https://ssopro.mits.odjfs.state.oh.us/prosecure/authtam/login?HOSTNAME=ssopro.mits.odjfs.state.oh.us>.

- The entity listed hereby authorizes the Ohio Office of Budget and Management (OBM) to initiate credit entries to its account in the financial institution identified above. Additionally, this form provides OBM the authority to debit any erroneous credit or transfers to the account in the amount of the transfer.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services, a division of OBM.

I have attached a copy of a current voided check or included a bank letter.

ODJFS PROVIDERS – I have ensured the Name, Address, TIN, & Provider Number matches the information in the MITS Medicaid Web Portal.

Preferred method of being contacted: (circle one) PHONE EMAIL

PRINT NAME

Candice Heller

SIGNATURE

(DIGITAL SIGNATURE NOT ACCEPTED AT THIS TIME)

DATE

05/24/2014

Attach a voided check here using tape or include a bank letter signed by a bank representative.

NOTE:

- The bank letter must include the Name on the Account, Routing Number, Account Number and Type of Account. This letter must be typed, not handwritten, on bank letterhead, and signed by a bank representative. Exceptions will be made for Prepaid Cards.
- All information on the current voided check must be imprinted; this includes the name, address, account and routing numbers. No information can be handwritten.
- We are unable to accept starter checks, deposit slips, or bank statements.
- The name and address on the form and the check/bank letter must match the information in our current vendor records &/or MITS.

Please note: This record is subject to public records requests under the laws of the State of Ohio. If you are a business entity that provides a social security number in place of a Federal Tax ID number, you are waiving any expectation of privacy and this record may be subject to disclosure.

SUBMIT FORM TO:

Mail: Ohio Shared Services
 Attn: Vendor Maintenance
 P.O. Box 182880 Columbus, OH 43218-2880
 vendor@ohio.gov
 1 (614) 485-1052

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
 1 (614) 338-4781
 Website: www.ohiosharedservices.ohio.gov
 E-mail: vendor@ohio.gov

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Community Pregnancy Center

2 Business name/dissolved entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

1131 Central Ave., Ste. 100

Requester's name and address (optional)

6 City, state, and ZIP code

Middletown, OH 45044

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

 - - -

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ►

Gail Baker

Date ►

May 29 2016

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1098-C (canceled debt)

- Form 1098-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiary of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1994) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

What Is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7 .
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6046(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including national principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information return.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) Under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3678).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-9.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if Items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code earlier*.

Signature requirements. Complete the certification as indicated in Items 1 through 5 below.

1. **Interest, dividend, and broker exchange accounts opened before 1984 and broker accounts considered active during 1988.** You must give your correct TIN, but you do not have to sign the certification.

2. **Interest, dividend, broker, and broker exchange accounts opened after 1988 and broker accounts considered inactive during 1988.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out Item 2 in the certification before signing the form.

3. **Real estate transactions.** You must sign the certification. You may cross out Item 2 of the certification.

4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹
5. Sole proprietorship or disregarded entity owned by an individual	The actual owner ²
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The owner ²
For this type of account:	Give name and SSN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(ii)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

⁵Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-368-4480 or submit Form 14088.

For more information, see Publication 4598, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-828-4088.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via email. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4388).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Community Pregnancy Center
Federal Tax ID Number	[REDACTED]
Street Address	8 EAST Fifth St.
City, State Zip code	Franklin OH 45005
County of Location Providing Services (One Application Per Location)	Warren
Address where ODH should Direct Payment	3717 Roosevelt Blvd. Middletown OH 45044
Counties of Service <i>This location serves women from the following counties:</i>	<input checked="" type="checkbox"/> Warren - Butler - Montgomery <input checked="" type="checkbox"/> Clermont - Clinton - Hamilton
Name of Person and Title completing application	Candice Keller, Exec. Director
Area Code/Phone Number	513-424-2229
Email	c.keller@pagnacchietc.net

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;

- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.

IV. For Current Choose Life Organizations: By June 1, 2016, you must submit the following with this Application:

- A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
 1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. **Notarized Financial Statement Form.** This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Supplier Information Form

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Authorization Agreement for Direct Deposit of EFT Payments form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/29/2016

Date

Cindice R. Igwe
Signature of Person Completing Application

Cindice R. Igwe, Executive Director
[Print Name & Title]

Application to be submitted to:

Ohio Department of Health
Bureau of Maternal and Child Health
245 North High Street, 6th floor
Columbus, OH 43215
Attention: Marius Igwe

Phone: 614.466.4634
Email: Marius.Igwe@odh.ohio.gov



AGREEMENT, SIGN, & DATE - DIGITAL SIGNATURES ARE NOT ACCEPTED AT THIS TIME

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible.
Ensure this is the latest version of the form at www.ohioshareservices.ohio.gov.

SECTION 1

TYPE OF TRANSACTION: ADD

CHANGE/UPDATE

INACTIVATE

NAME OF COMPANY OR INDIVIDUAL

ADDRESS

CITY

PHONE

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)

STATE

OH

ZIP

45044

EMAIL

cheller@pregnancychoice.org

CHECK ALL THAT APPLY

RSC - PCA

ODJFS PR

(PROVIDER ID NUMBER REQUIRED)

LOTTERY WINNER

DODD PROVIDER (PROVIDER ID NUMBER REQUIRED)

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

ALL OTHER: _____

SECTION 2 - NEW FINANCIAL INFORMATION

NEW FINANCIAL INSTITUTION NAME

PHONE

TYPE OF ACCOUNT

CHECKING

SAVINGS

NEW ACCOUNT NUMBER

NEW TRANSIT ROUTING/ABA NUMBER

SECTION 3 - OLD/PRIOR FINANCIAL INFORMATION - MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

OLD/PRIOR FINANCIAL INSTITUTION NAME

PHONE

LCNB

513-423-9911

OLD/PRIOR ACCOUNT NUMBER

OLD TRANSIT ROUTING/ABA NUMBER

- Account changes must be reported to Ohio Shared Services thirty (30) days prior to the effective date.
- All EFT accounts are tied to an address in our system, a form is required for each address (if needed).

ATTENTION ODJFS PROVIDERS: It is the provider's responsibility to keep ODJFS AND Ohio Shared Services informed of any changes in order to receive important information regarding benefits and to remain qualified for payments. Information provided must match the information on file with Medicaid or your form will be returned. If you are uncertain, please contact Provider Enrollment at (800) 686-1516 or verify/ update the information in the MITS Medicaid Web Portal located at <https://ssopro.mits.odjfs.state.oh.us/prosecure/authform/login?HOSTNAME=ssopro.mits.odjfs.state.oh.us>.

- The entity listed hereby authorizes the Ohio Office of Budget and Management (OBM) to initiate credit entries to its account in the financial institution identified above. Additionally, this form provides OBM the authority to debit any erroneous credit or transfers to the account in the amount of the transfer.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services, a division of OBM.

I have attached a copy of a current voided check or included a bank letter.

ODJFS PROVIDERS – I have ensured the Name, Address, TIN, & Provider Number matches the information in the MITS Medicaid Web Portal.

Preferred method of being contacted: (circle one) PHONE EMAIL

PRINT NAME

Candice Heller

SIGNATURE (DIGITAL SIGNATURE NOT ACCEPTED AT THIS TIME)

DATE

05/24/2014

Attach a voided check here using tape or include a bank letter signed by a bank representative.

NOTE:

- The bank letter must include the Name on the Account, Routing Number, Account Number and Type of Account. This letter must be typed, not handwritten, on bank letterhead, and signed by a bank representative. Exceptions will be made for Prepaid Cards.
- All information on the current voided check must be imprinted; this includes the name, address, account and routing numbers. No information can be handwritten.
- We are unable to accept starter checks, deposit slips, or bank statements.
- The name and address on the form and the check/bank letter must match the information in our current vendor records &/or MITS.

Please note: This record is subject to public records requests under the laws of the State of Ohio. If you are a business entity that provides a social security number in place of a Federal Tax ID number, you are waiving any expectation of privacy and this record may be subject to disclosure.

SUBMIT FORM TO:

Mall: Ohio Shared Services
 Attn: Vendor Maintenance
 P.O. Box 182880 Columbus, OH 43218-2880
 vendor@ohio.gov
 1(614) 485-1052

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
 1(614) 338-4781
 Website: www.ohiosharedservices.ohio.gov
 E-mail: vendor@ohio.gov

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 1

- Place a check mark to indicate the type of transaction.
- Enter the complete name and address of the company or individual participating in the EFT program. Enter your phone number & email address. When your email address is provided, you will receive an automated email notification stating your banking information has been added or updated in our system.
- Enter your Employer Identification Number or your Social Security Number (required).
- Please enter your OAKS Vendor Id Number (if known).
- Check all that applies. If you are an ODJFS or DODD provider please check mark to indicate & add Provider Id Number or please specify, if you are a RSC-PCA, Lottery Winner, or All Other.

SECTION 2 (New Information)

- Please enter the new name and phone number of the financial institution authorized to conduct transactions, as it should be updated in our system.
- Please place a check mark to indicate the type of account to which funds are to be deposited.
- Enter the Account Number to which the EFT Transactions are to be deposited.
- Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check or bank letter.

SECTION 3 (Old/Prior Information) Required If a CHANGE/UPDATE

- Please enter the name and phone number of the previous financial institution authorized to conduct your transaction. This should be the last EFT account information that was submitted to the state and is currently in our system.
- Enter the OLD/Prior Account Number to which the EFT Transactions were deposited.
- Enter the OLD/Prior financial institution's Transit Routing/ABA number in the spaces provided.

SECTION 4

- Please read all of the information listed in Section 4. Read & check mark the boxes to verify you have acknowledged the information. Then print your name, sign your name, and provide the date.
- Please attach a current voided check or bank letter (required).

NOTE: The bank letter must be on bank letterhead and signed by a bank representative. It must include the name on the account, type of account, routing number, & account number. Exceptions will be made for Prepaid Cards.

Community Pregnancy Center
1191 Central Ave., Suite 100
Middletown, OH 45044
(513) 424-2229

LCNB NATIONAL BANK
MIDDLETOWN, OH 45044
55-570/422

15099

PAY TO THE
ORDER OF

VOID

DOLLARS

MEMO

Community Pregnancy Center

15099

Community Pregnancy Center

15099



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

John R. Kasich/Governor

614/466-3543
www.odh.ohio.gov

Richard Hedges/Director of Health

Candice Keller, Executive Director
Community Pregnancy Center
3717 Roosevelt Blvd.
Middleton, OH 45044

Tax ID: [REDACTED]

Dear Ms. Keller:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Butler \$ 1,820.00
- Preble \$ 26.66
- Clermont \$ 255.00

The application(s) was not approved for funding in the following county(s) for the following reason(s):

- Hamilton Other applicant organization located in county
- Clinton Other applicant organization located in county
- Warren Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$2,101.66 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or phone 614-466-4634.

Sincerely,

Richard Hedges, MPA
Director of Health

**Choose Life Fund Expenditure Form
(Instructions)**

Note: According to the Compliance agreement for this award, 60 percent of the total award is assigned to Material Need Costs for pregnant women who are planning to place their children for adoption or for infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation; 40 percent of the award is assigned to Direct Costs to expenditures in counseling, training, and advertising. Section 3701.65 of the Ohio Revised Code and rule 3701.74 -01 of the Ohio Administrative Code prohibit the use of these funds for the purpose of administration, legal, or capital expenditure.

1. Complete the following information in the following order: Agency Name, Tax ID number, Contact Name, and Contact Phone number.
2. In the "Award Amount," enter the award amount in cell "B9." This is the SFY 17 award for the designated agency for the Choose Life Fund.
3. In the "Material Needs of Pregnant Women..." enter the total expenditures for the three months included in each quarter for the following categories: Clothing, Housing, Medical Care, Food, Utilities, and Transportation.
4. In the "Direct Costs..." enter the total expenditures for the three months included in each quarter for the following categories: Counseling, Training, and Advertising.
5. Column C represents "Total Expenditure" for all four quarters of SFY 17 (7/1/16 thru 6/30/17). Column C contains formulas which will total the four quarters for each category.
6. Funds unused funds which exceed ten percent of the money received during the previous years must be return to the Department of Health by June 1, 2016. If the amount is last than ten percent of the total award, the amount must be carried forward until depleted.

Choose Life Fund Expenditure Form
SY 16 July 1, 2015 Through June 30, 2016
Due June 1, 2016

Agency Name	Community Pregnancy Center			
Tax ID #				
Contact Name	Candice K. 11-25			
Contact Phone #	513-424-2229			
	Total Expenditures	1st Quarter	2nd Quarter	3rd Quarter
Quarters	7/1/15 Thru 6/30/16	7/1/15 Thru 9/30/15	10/1/15 Thru 12/31/15	1/1/16 Thru 3/31/16
Carryover SY 14 Amount	0-3473.32	3473.32		
Award Amount				
Material Needs of Pregnant Women at 60%	\$ - 2054 -			
Clothing Costs	\$0.00			
Housing Costs	\$0.00	\$0.00		
Medical Care Costs	2054 - \$0.00			
Food Costs	\$0.00			
Utility Costs	\$0.00			
Transportation Costs	\$0.00			
Other Costs (Explain)	\$0.00			
Total Material Costs	2054 - \$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -			
Direct Costs at 40%	\$ - 1369 -			
Counseling Costs	1369 - \$0.00			
Training Costs	\$0.00			
Advertising Costs	\$0.00			
Total Direct Costs	1369 - \$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -			
Total Award Minus Materials and Direct Costs	\$ 0 (3423)			

Choose Life Fund Expenditure Form
SFY 16 July 1, 2015 through June 30, 2016
Due June 1, 2016

Award Amount @ 10% (if less than 10% of total award. The amount must be carried forwarded until depleted.)	\$ -	\$ <i>0</i> -			
Refund Due ODH (June 1, 2016)	\$ <i>0</i>	-			

INVOICE

Invoice #: 0114

Invoice Date: 09/23/2016

Purchase Order #: DOH01-0000045594

OAKS Vendor #: 0000173065

Bill To: Ohio Department of Health
Bureau of Maternal, Child and Family Health
P.O. Box 118
Columbus, Ohio 43216

Remit To: Community Pregnancy Center
3717 Roosevelt Blvd
Middletown, Ohio 45044

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$2,101.66

Program Approval: Wynne S.

Approval Date: 9/23/16 OK to pay

Grand Total

\$2,101.66

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services MUST be included on the invoice.

Dept of Health

Supplier:
0000173065
COMMUNITY PREGNANCY CENTER
3717 ROOSEVELT BLVD
MIDDLETOWN OH 45044

Purchase Order		Date	Revision	Page
DOH01-0000045594		08/30/2016		1
Payment Terms	Freight Terms			Ship Via
Net 30	FOB Destination, Prepaid			N/A
		Phone		Currency
	KENNON A HUGHES			USD

Ship To: Dept of Health
P003574
KENNON A HUGHES
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

BILL To: Dept of Health
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Line-Sch	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT		2,101.66	

Choose Life Program

Schedule Total	<u>2,101.66</u>
Item Total	<u>2,101.66</u>

ODH Contact: Marius Igwe 614-466-4834 Contract# 8062

Total PO Amount	<u>2,101.66</u>
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The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hedges, MPA
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

John R. Kasich/Governor

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Sincerely,



Richard Hedges, MPA
Director of Health